

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6	/					
7		/				
8		/				
9		/				
10	/					
11		/				
12		/				
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14		/				
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42		/				
43		/				
44	/					
45	/					
46	/					
47		/				
48		/				
49		/				
50	/					
TOTAL IND.	13					
TOTAL DEP.	27					
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54	/					
55	/					
56		/				
57		/				
58	/					
59	/					
60	/					
61	/					
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74		/				
75		/				
76		/				
77	/					
78		/				
79		/				
80		/				
81	/					
82	/					
83		6				
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	14		27			
TOTAL DEP.	27		61			
TOTAL CLAIMS						